

# Children's Special Health Internal Policy/Statement Retinopathy of Prematurity (ROP)

### **Description**

Retinopathy of Prematurity (ROP) is a pathological process that occurs in immature retinal tissue and can progress to retinal detachment or can result in blindness. The normal pattern of progressive blood vessel growth within the retina is interrupted by premature birth.

### **Diagnostic Criteria**

- Visualization of the red reflex
- Evaluation of ocular motility
- Eye fixation and following responses
- Muscle imbalance
- Pupillary responses
- Corneal light reflex
- Distance visual acuity
- Ocular alignment

## **CSH Coverage**

- Only **providers** listed on the Eligibility Letter will be paid
- Labs/Tests must be performed by a Wyoming Medicaid provider
- Well Child Checks (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- Medications
  - None
- Equipment/Supplies
  - Eyeglasses (Not for refractive errors only)

Contact CSH for questions regarding additional medication and/or equipment/supplies

### Minimum Standards of Care/Care Coordination

## Refer to Care Coordination Manual, Ch. 3, Pg. 8, Child and Family Assessment

- Perform **Nursing Assessment** with detailed focus on the following:
  - Instruct the family regarding the importance/need to adhere to the strict sequential follow-up examinations
  - Ensure eyeglasses/patch are being tolerated by client
  - Assess family history vision problems
  - Nutrition and eating patterns
  - Exercise and physical activity
  - Current medications/any side effects or reactions
  - Known food and/or drug allergies
  - Height and weight, plot on growth curve
- Encourage testing as recommended by the American Pediatrics Assoc. (APA)
- School performance and behavior
- Encourage family and child to live as "normal and active" life as possible

**Contact CSH if family is Non-Compliant** (i.e. repeated missed appointments, failure to follow healthcare plan)

• **Referrals** that may be recommended (CSH prefers Pediatric Specialist, if possible)

### Visits to Providers may be limited due to budget

- Ophthalmologist/Optometrist
- Link the child and family with appropriate and needed services (Child Development Centers)

# Specialists may or may not be covered by CSH Program

## • Well Child Checks

- Immunizations (including vaccinations)
- Assess and follow-up any abnormal findings
- Dental
- Vision
- Hearing

# Emergency Preparedness Plan

- Medic Alert ID bracelet / necklace should be encouraged
- Medical Emergency Plan of what to do for the child's care when away from home or with a different caregiver (i.e. injury to eye)
- Discuss self-management of the disease
- Encourage the family to speak with the child's school in regards to the school's policy on Retinopathy of Prematurity and emergency plan (i.e. who will administer medical attention in the event of an injury to eye)

#### • Health Record

- Encourage family to maintain a record of the child's health information ("Packaging Wisdom" as a suggestion) that includes:
  - Create history of progression (i.e. graphs)
  - Obtain copies of all medical records
  - List providers and contact information, if available

## • Transition

# Refer to the Care Coordination Manual, Ch. 3, Pg. 10, Coordinating Care

Discuss with the family if the child is eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disability Act (ADA)